

PROOF OF CLAIM

Name of Debtor

Debit Corporation of America, Inc.

Case Number

04-14360 - BKC - AJC

FILED BY: CLCRECEIVED: 7/10/06

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

IMPORTANT: THIS CLAIM FORM SHOULD ONLY BE USED BY THE CREDITOR WHOSE NAME IS PRINTED ON THIS CLAIM FORM.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Larry Reisbig & H. Faye Reisbig

Name and Address where notices should be sent:

Larry Reisbig
613 Park Hill
Chillicothe IL 61523-2212

Frank B. Perry
346 Old County Rd
Ringssold, GA 30734

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

U.S. BANKRUPTCY CT
SD OF FLA.
MIA - OFFICE

Telephone Number: 706-965-8639

Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Consumer Fraud

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: xxx-xx-
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

June 18, 2003

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$14,915 +

(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$14,915 +

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

Date

6-22-04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Frank B. Perry, Attorney

F B Perry

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

THIS SPACE IS FOR COURT USE ONLY

39
706

CASHIER'S CHECK

603186

REMITTER M FAYE REISING

06/18/2003

70-2586
719

Fourteen Thousand Nine Hundred Fifteen Dollars and 00 cents

PAY TO THE
ORDER OF CREDIT CORPORATION OF AMERICA***

\$ ***\$14,915.00***



Associated Bank

Illinois

NON NEGOTIABLE
[Signature]

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 003481 - 003482

County Peria, Blount, Monroe

Purchaser's Name H. Gage Reising Date June 15, 2003

Purchaser's Address 613 N. Killebrew

City Chillicothe State IL Zip 61533

Home Phone 309 374-2638 Business Phone 309-374-2638

No. of Sales
Systems to ship: 3

Face Value of Prepaid MasterCard
Activation Certificates to ship: 3000

Purchase Price Sales Systems	\$ <u>14,915</u>
Purchase Price of Additional Items	\$ <u>N/A</u>
Total	\$ <u>14,915</u>
Sales Tax (FL Residents Only)	\$ <u>N/A</u>
Amount Paid	\$ <u>14,915</u>

Special Provisions Option to upgrade to gold plan
within a 150 days

DIVISION OF
CONSUMER SERVICES
04 JAN 20 PM 2:45

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

ACCEPTED AND APPROVED

By: _____
COMPANY OFFICER

By: H. Gage Reising
BUYER

AIN # BO2403

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.